

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> YES ON 22/CALIFORNIANS TO PROTECT LOCAL TAXPAYERS AND VITAL SERVICES, A COALITION OF TAXPAYERS, PUBLIC SAFETY, LOCAL GOVERNMENT, TRANSPORTATION, AREA CODE/PHONE NUMBER (415)389-6800			<b>Date of This Filing</b> 10/06/2010  <b>Report No.</b> 90DAY#390  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 3	Date Stamp    Page 1 of 3	<b>CALIFORNIA FORM 497</b> For Official Use Only
I.D. NUMBER (if applicable) 1322292  STREET ADDRESS  CITY SAN RAFAEL STATE CA ZIP CODE 94901					

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2010	MICHAEL SHOVLIN AND AFFILIATED ENTITIES RANCHO MIRAGE, CA 92270  Memo Reference: INC:S497:802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER SELF-EMPLOYED: MICHAEL SHOVLIN	\$1,000.00
10/05/2010	MICHAEL SHOVLIN AND AFFILIATED ENTITIES RANCHO MIRAGE, CA 92270  Memo Reference: INC:S497:803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER SELF-EMPLOYED: MICHAEL SHOVLIN	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER

(415)389-6800

I.D. NUMBER (if applicable)

1322292

STREET ADDRESS

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

Date of This Filing

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Report No.

90DAY#390

☐ Amendment to Report No.

(explain below)

No. of Pages

3

Date Stamp

Page 2 of 3

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

FPPC Form 497(June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

1523559-0

Memo Reference: INC:\$497:803

RECEIVED THROUGH AFFILIATED ENTITY: WASHINGTON/ADAMS, LLC, 46753 ADAMS ST., LA QUINTA, CA 92253

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Memo Reference: INC:\$497:802

RECEIVED THROUGH AFFILIATED ENTITY: ONE ELEVEN LA QUINTA, LLC, 46753 ADAMS ST, LA QUINTA, CA 92253

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